Received & Inspected

JUN 2 9 2015



FCC Mail Room

Received & Inspected

June 25, 2015

JUN 2 9 2015

FCC Mall Room

Commission's Secretary
Office of the Secretary
Federal Communications Commission
9300 East Hampton Drive
Capitol Heights, MD 20743

COLETPLE COPY OF CREAT.

In re: WC Docket No. 14-58

To Whom It May Concern:

Per the FCC's instructions please find enclosed the original along with a copy of FCC Form 481.

If the Commission has any questions with regard to the filing, please contact the undersigned.

Sincerely,

Joshua K. Campbell

Director of Financial Operations

lak K. Contill

Jkc

enclosures

No. of Copies rec'd_ List ABCDE

FCC For	m 481 - Carrier Annual Reporting Data Collection Form	100 mg	FCC Form 481 OMB Control No. July 2013	3060-0986/DMB Control No. 3060-0819
<010>	Study Area Code	419018	- 14 - 5 - 16 Table	Received & Inspected
<015>	Study Area Name	Big River Telephone	Company	Uereinen a mobeere
<020>	Program Year	2016	- many year	111kt 2 0 2015
<030>	Contact Name: Person USAC should contact with questions about this data	Joshua K. Campbell	1 10-11	JUN 2 9 2015
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5733883720 ext.		FCC Mall Room
<039>	Contact Email Address: Email of the person identified in data line <030>	jcampbell@bigrivero	com.com	
ANNUA	AL REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	· ///////
<200>	Outage Reporting (voice)		(complete attached worksheet)	
<210> <300>	Unfulfilled Service Requests (voice)	o outages to report		·
<310>	Detail on Attempts (voice)		(attach descript	ive document)
	- 10 A TO 1		<u> </u>	
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)		(attach descri	ntive document)
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 1.43			V V
<420> <430>	Mobile [0.0] Number of Complaints per 1,000 customers (broad	band)		
<440>	Fixed			
<450> <500>	Mobile Service Quality Standards & Consumer Protection F	Rules Compliance	(check to indicate certification)	
<510>	419018ks510.pdf		(attached descriptive document)	V V
<600>	Functionality in Emergency Situations 419018ks610.pdf		(check to indicate certification)	_
<610>			(attached descriptive document)	
<700>	Company Price Offerings (voice)		(complete attached worksheet)	
<710>			(complete attached worksheet)	
<800>	Operating Companies and Affiliates		(complete attached worksheet)	· min
	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability Certification		f yes, complete attached worksheet) Yes	
11010	419018ks1010.pdf	- U	(attach descriptive document)	
<1010			, weemen mostlytere struditions	
<1100	> Certify whether terrestrial backhaul options exist ((Yes or No) O	(if not, check to indicate certification)	·
<1110> <1200>	> Terms and Condition for Lifeline Customers		(complete attached worksheet) (complete attached worksheet)	
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Work		I The Control of the
(200)	Including Rate-of-Return Carriers affiliated with P	rice Cap Local Exchang		****
<2000> <2005>			(check to indicate certification) (complete attached worksheet)	
<3000>	Rate of Return Carriers, Proceed to ROR Additiona	l Documentation Worl	ksheet (check to indicate certification)	
<3005>			(complete attached worksheet)	

PM-SHIP HERMINE	rvice Quality Improvement Reporting Illection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419018		
<015>	Study Area Name	Big River T	elephone Company	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. C		200 ABOM 2000 - 0 - 10
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720	ext.	33C33 11-25
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbel10b	igrivercom.com	
<110>	Has your company received its ETC certification from the FCC?	(ye	s/no) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(ye	s/no) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a	419018ks112.pdf	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	-year		Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		Yes	
<114>	Report how much universal service (USF) support was received		Yes	
<115>	How much (USF) was used to improve service quality and how support was used to impro	ve service quali	ty Yes	
<116>	How much (USF) was used to improve service coverage and how support was used to imp	rove service cov	verage Yes	
<117>	How much (USF) was used to improve service capacity and how support was used to improve	ove service cap		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	E.	Not Applicable	

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819

<010>	Study Area Code	419018
<015>	Study Area Name	Big River Telephone Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures
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						11					
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		-				***			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		

(700) Price Offerings including Voice Rate Data		FCG Form 481
Data Collection Form		OM8 Control No. 3060-0986/OM8 Control No. 3060-0819
	发展的影響等的。 與其形象	July 2013

<010>	Study Area Code	419018
<015>	Study Area Name	Big River Telephone Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733983720 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com

<701> Residential Local Service Charge Effective Date 1/1/2015
<702> Single State-wide Residential Local Service Charge 20.0

03>	<a1></a1>	<a2></a2>	<a3x< th=""><th><b1></b1></th><th></th><th> <b35< th=""><th><b4></b4></th><th></th><th><C></th></b35<></th></a3x<>	<b1></b1>		 <b35< th=""><th><b4></b4></th><th></th><th><C></th></b35<>	<b4></b4>		< C>
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fed
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-								3113	
t				-50	See at	tached worksheet			
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	EMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	419018
<015>	Study Area Name	Big River Telephone Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell&bigrivercom.com

GI)	482>	 	 602>	1502	<d1></d1>	<d2></d2>	<#3>	÷645
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
					O-MAN			
			1000					
								
	- In section of the s							
	1							

(800) Op	erating Companies		FCC Form 481
Data Coll	ection Form		FCC Form 481 OMB Control No. 3060-0886/OMB Control No. 3060-0819
34 B			July 2013
1412.00/2U 1			
<010>	Study Area Code		419018
<015>	Study Area Name		Big River Telephone Company
<020>	Program Year		2016
<030>	Contact Name - Person	USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Nur	nber - Number of person identified in data line <030>	5733883720 ext.
<039>	Contact Email Address	- Email Address of person identified in data line <030>	jcampbell@bigrivercom.com
<810>	Reporting Carrier	Big River Telephone Company, LLC	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	NA	

<813>	લા લા	//a2>	€ <a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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A STATE OF THE STA	pal Lands Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419018
<015>	Study Area Name	Big River Telephone Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030	
<039>	Contact Email Address - Email Address of person identified in data line <03	> jcampbell@bigrivercom.com
<910>	Tribal Land(s) on which ETC Serves	
<920>	Tribal Government Engagement Obligation	Name of Attached Document
to confir demons § 54.313 <921>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to B(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning;	Select Yes or No or Not Applicable
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419018
<015>	Study Area Name	Big River Telephone Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps

(1200) Te Lifeline	erms and Condition for Lifeline Customers			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
35:80%CD(CDADS):25:50	ection Form			July 2013
<010>	Study Area Code		419018	
<015>	Study Area Name		Big River Telephone Company	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding this data		Joshua K. Campbell	
<035>	Contact Telephone Number - Number of person identified in data li	ine <030>	5733883720 ext.	
<039>	Contact Email Address - Email Address of person identified in data	line <030>	jcampbell@bigrivercom.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		419018ks1210.pdf	
<1220>	Link to Public Website	нттр		Name of Attached Document
or the we	neck these boxes below to confirm that the attached document(s), on line 1 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	V		
<1222>	Details on the number of minutes provided as part of the plan,	V		
<1223>	Additional charges for toll calls, and rates for each such plan.	V		

Data Coll	ice Cap Carrier Additional Documentation ection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/DMB Control No. 3060-0819 July 2013
	Study Area Code	419018
<015>	Study Area Name	
<020>	Program Year	Big River Telephone Company
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ex.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com
	에 있는 경우 보다 있는 경우에게 발견되었다. 그는 사람들은 살아가 되었다면 하는 것이 되었다면 하는 것이 없는 것이 없다.	a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and mation reported on this form and in the documents attached below is accurate.
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1)i)	
<2011a>	그는 아이들이 아이들이 아이들이 그리고 아이들은 얼마나 이렇게 하다 하는데 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들	
<2011b>		
<2012> <2013> <2014>	2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}	Name of Attached Document(s) Listing Required Information
<2015>	2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))	
<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband	
<2017> <2018> <2019>	5th year Broadband Service Certification	
<2020>	Please check the box to confirm that the attached document(s), on lir pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s addresses of community anchor institutions to which began providing preceding calendar year.	shall provide the number, names, and
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document(s) Listing Required Information

To the state of		SOUTH AND SOUTH AND SOUTH AND SOUTH	
(3000) Ra	te Of Return Carrier Additional Documentation		FCC Form 481
Data Coll	ection Form	ALTERNATION OF MARKET TO	OMB Control No. 3060-0985/OMB Control No. 3060-0819
1000			July 2013
	AND DESCRIPTION OF THE PARTY OF		
<010>	Study Area Code	110010	
<015>	Study Area Name	419018 Big River Telephone Company	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.gom	
CHECK	he boxes below to note compliance on its five year service quality plan (pursuan	t to 47 CFR § 54 202(a)) and, for privately held carriers, ensuring c	ompliance with the financial reporting requirements set forth in 47
		e information reported on this form and in the documents attache	
		1	1
(3010)	Progress Report on 5 Year Plan	1	l
200000	Milestone Certification (47 CFR § 54.313(f)(1)(i))		
		Name of Attached Document Listing Required Informat	tion
	Please check this box to confirm that the attached document(s), on line 3	012 contains the required information nursuant to	
(3011)	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addre		
	providing access to broadband service in the preceding calendar year.		
		P STAN - A STAN	
			1
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		Y .
(3012)	Community Ancion institutions (47 Cr it 3 34.313(i)(1)(i))		
		Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No))(C)
	If yes, does your company file the RUS annual report	(Yes/No)	
Diagon	shock those haves to confirm that the attached description (c) as lies 2017	analogo the conviced information assessed to 6 54 212/6/2	A compliance requires
	check these boxes to confirm that the attached document(s), on line 3017	, contains the required information pursuant to § 54.515(1)(2)	compliance requires.
(3015)	Electronic copy of their annual RUS reports (Operating Report for		4
(3016)	Telecommunications Borrowers) Document(s) for Balance Sheet, Income Statement and Statement of Cas	th Flour	
(2010)	Cocuments) for balance sneet, income statement and statement of cas	ITTIOWS	
10000000		1	1
(3017)	if the response is yes on line 3014, attach your company's RUS annual		I
	report and all required documentation		
		Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No))(C)
51 92			
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a fo	rmat comparable to RUS Operating Report for Telecommunications	
			=
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ish Flows	-
(3021)	Management letter and audit opinion issued by the independent certified pu	blic accountant that performed the company's financial audit	
	If the response is no on line 3018, please check the boxes below		_
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		
	independent certified public accountant; or 2) a financial report in a		
	format comparable to RUS Operating Report for Telecommunications		
	Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified		
(acar)	public accountant		ļ
(3024)	Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Ca	ch Flowe	L
(3023)	Documental to Salance Sheet, income Statement and Statement of Ca	SILLIOMS	
			I I
(3026)	Attach the worksheet listing required information		l l
	* 1 **********************************		l l
	n 11 ml 55	Name of Attached Document Listing Required Information	

Data Coll	lection Form	计数 []	OMB Control No. 3060-0986/OMB Control No. 3060-0318.
<010>	Study Area Code	419018	
<015>	Study Area Name	Big River Telephone Company	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com	
THE SHARE	The first section of the second section of the section of the section of the second section of the section	The state of the s	2 P 3 P 3 P 3 P 3 P 3 P 3 P 3 P 3 P 3 P

FCC Form 481

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	5 481 5 5 5 M 18 0
(3033) Total Equity	
(3034) Dividends	

(3000) Rate Of Return Carrier Additional Documentation (Continued)

35 CERSENSON FACE	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419018
<015>	Study Area Name	Big River Telephone Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibili recipients; and, to the best of my knowledge, the information repo	ities include ensuring the accuracy of the annual reporting requirements for universal service support rted on this form and in any attachments is accurate.
Name of Reporting Carrier: Big River Telephone Company	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/24/2015
Printed name of Authorized Officer: Gerard Howe	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5736513373 ext.	
Study Area Code of Reporting Carrier: 419018	Filing Due Date for this form: 07/01/2015

1364253367 VSB2593	ion - Agent / Carrier ection Form	FCC Form 483 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419018
<015>	Study Area Name	Big River Telephone Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier.
	y responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized
agent; and, to the best of my knowledge, the reports and	data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipion	ents on Behalf of Reporting Carrier
	orized to submit the annual reports for universal service suppor reporting carrier; and, to the best of my knowledge, the informa	
Name of Reporting Carrier:	I BANKA ATT BETTA ATT ATT ATT ATT ATT ATT ATT ATT ATT	
Name of Authorized Agent or Employee of Agent:	A service of the serv	
Signature of Authorized Agent or Employee of Agent:	U-199191-6353	Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(700) Price Offerings including Voice Rate Data ECC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 419018

Big River Telephone Company

jcampbell@bigrivercom.com

Joshua K. Campbell

5733883720 ext.

2016

<701> Residential Local Service Charge Effective Date

1/1/2015

20.0

20.0

Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

Contact Name - Person USAC should contact regarding this data

<703>

<020>

<030>

<035>

<039>

<015> Study Area Name

Program Year

<a1></a1>	<a2></a2>	<83>	<b1></b1>	<b2></b2>	<b3></b3>	 tp4>	<b5></b5>	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
KS			FR	20.0	0.0	0.0	0.0	20.0
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								State of the state

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		OMB Control No July 2013	3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	419018		
<015>	Study Area Name	Big River Telephone	Company	Received & Inspecte
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Joshua K. Campbell		JUN 2 9 2015
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5733883720 ext.		700 M
<039>	Contact Email Address: Email of the person identified in data line <030>	jcampbell@bigriverc	om.com	FCC Mail Room
ANNUA	AL REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box when complete)
200>	Outage Reporting (voice)		(complete attached worksheet)	V V
210>		o outages to report		~
<300>	Unfulfilled Service Requests (voice)			
<310>	Detail on Attempts (voice)		(attach descri	ptive document)
	<u></u>			
<320>	Unfulfilled Service Requests (broadband)			
<330>	Detail on Attempts (broadband)		(attach descr	riptive document)
400>	Number of Complaints per 1,000 customers (voice)			
410>	Fixed 1.43			
420>	Mobile 0.0			
440>	Number of Complaints per 1,000 customers (broad	band)		
450>	Mobile			
<500>	Service Quality Standards & Consumer Protection F 419018ks510.pdf	Rules Compliance	(check to indicate certification)	
510>	2		(attached descriptive document)	V
<600>	Functionality in Emergency Situations		(check to indicate certification)	VV
	419018ks610.pdf			
			(attached descriptive document)	
610>				
700>	Company Price Offerings (voice)		(complete attached worksheet)	
710>	Company Price Offerings (broadband) Operating Companies and Affiliates		(complete attached worksheet)	
	Tribal Land Offerings (Y/N)?	(if	(complete attached worksheet) ves, complete attached worksheet)	~
	Voice Services Rate Comparability Certification		es	<u> </u>
	419018ks1010.pdf		1	
1010	8		(attach descriptive document)	~
1100>	Certify whether terrestrial backhaul options exist (Yes or No) (C	(if not, check to indicate certification)	
		. 00		
:1110> :1200>	· Terms and Condition for Lifeline Customers		(complete attached worksheet) (complete attached worksheet)	~
	Price Cap Carriers, Proceed to Price Cap Additional	Documentation Works	heet	.,
2000>	Including Rate-of-Return Carriers affiliated with Pl	rice Cap Local Exchange	Carriers (check to indicate certification)	
2005>			(complete attached worksheet)	18 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Rate of Return Carriers, Proceed to ROR Additional	Documentation Work	sheet	
3000> 3005>			(check to indicate certification)	
シロリコン			(complete attached worksheet)	. "

THE PARTY OF THE P	ervice Quality Improvement Reporting Illection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419018		
<015>	Study Area Name	Big River Te	elephone Company	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. C		
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720	ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbel1@b	igrivercom.com	
<110>	Has your company received its ETC certification from the FCC?	(ye	s/no) O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	luo	s/no) O O	
<112>	report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your c CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a	419018ks112.pdf	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confine that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	-year		Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets		Yes	
<114>	Report how much universal service (USF) support was received		Yes	
<115>	How much (USF) was used to improve service quality and how support was used to impro	ve service qualit		_
<116>	How much (USF) was used to improve service coverage and how support was used to imp			-
<117>	How much (USF) was used to improve service capacity and how support was used to improve		1.00	-
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		Not Applicable	

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	419018
<015>	Study Area Name	Big River Telephone Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbel19bigrivercom.com

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
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	-										
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	+										

CONTRACTOR OF THE PARTY OF THE	ce Offerings including Voice Rate Data lection Form	The same of the sa	CC Form 481 MB Control No. 3060-0986/OMB Control No. 3060-0819 Jly 2013
<010>	Study Area Code	419018	
<015>	Study Area Name	Big River Telephone Company	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com	
<701> <702>	Residential Local Service Charge Effective Date 1/1/2015 Single State-wide Residential Local Service Charge 20.0		

03>	<a1> <</a1>	<a2></a2>	<a3></a3>	 		- <b3></b3>	<64>	<bs></bs> <bs></bs> <bs></bs> <br< th=""><th>40 40</th></br<>	40 40
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fed
1	State	Exchange (rece)	SAC (CETC)	nate type	Service nate	State Subscriber time charge	State Offiversall Service Fee	Service charge	Total per line hates and Tes
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					See a	tached worksheet			
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	419018
<015>	Study Area Name	Big River Telephone Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com

<81>	<82>	 ch1>	<b2></b2>	<e> <e></e></e>	<d1></d1>	+ <d2></d2>	<d3></d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
))							
	-							
				- V				
		-		_				

Data Coll	erating Companies ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419018	
<015>	Study Area Code Study Area Name	The same and the s	
<020>	Program Year	Big River Telephone Company 2016	
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com	

Big River Telephone Company, LLC

Not Applicable

<810> Reporting Carrier
<811> Holding Company

<812> Operating Company

<813>	·sat>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation

	The state of the s		
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13			

	oal Lands Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 30 July 2013	060-0819
<010>	Study Area Code	419018		
<015>	Study Area Name	Big River Telephone Company		
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell		
<035>	Contact Telephone Number - Number of person identified in data line			
<039>	Contact Email Address - Email Address of person identified in data line	<030> jcampbell@bigrivercom.com	The state of the s	
<910>	Tribal Land(s) on which ETC Serves			
<920>	Tribal Government Engagement Obligation	Name of A	attached Document	
If your c	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes			
1.7	rm the status described on the attached document(s), on line 920,	W		
	trates coordination with the Tribal government pursuant to	Select		
	B(a)(9) includes:	Yes or No or		
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Not Applicable		
<922>	Feasibility and sustainability planning;			
<923>	Marketing services in a culturally sensitive manner;			
<924>	Compliance with Rights of way processes			
<925>	Compliance with Land Use permitting requirements			
<926>	Compliance with Facilities Siting rules			
<927>	Compliance with Environmental Review processes			
<928>	Compliance with Cultural Preservation review processes			
<929>	Compliance with Tribal Business and Licensing requirements.			

THE RESERVE OF THE PARTY OF THE	lo Terrestrial Backhaul Reporting Jiection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060 July 2013	0-0819
<010>	Study Area Code	419018	
<015>	Study Area Name	Big River Telephone Company	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	erms and Condition for Lifeline Customers ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	419018	
<015>	Study Area Name	Big River Telephone Company	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	i19018ks1210.pdf	
	-	Na	me of Attached Document
<1220>	Link to Public Website HTTP		
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,		
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.		

NAME OF TAXABLE PARTY.		
(2000) Pri	ce Cap Carrier Additional Documentation	FCC Form 481
Data Colli	ection Form	DMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	jūly 2013
<010>	Study Area Code	419018
<015>	Study Area Name	Big River Telephone Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	Joshua K. Campbell
<039>	Contact Email Address - Femail Address of person identified in data line <030>	3733883720 ext.
(0392	Contact Email Address - Email Address of person identified in data line Cosus	jcampbell@bigrivercom.com
State of the last of		
Select the	appropriate responses below (Yes, No, Not Applicable) to note compliance as a	a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and
Connect /	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform	nation reported on this form and in the documents attached below is accurate.
	Incremental Connect America Phase I reporting	
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)i}	
<2011a>	3rd Year Certification {47 CFR § 54.313(b)(1)ii}	
<2011b>	Attachment (47 CFR § 54.313(b)(1)ii)	
	Accountant (47 of it 3 34.323(b)(2)ii)	
		Name of Attached Document(s) Listing Required Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2012>	2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))	
<2013>	2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))	
<2014>	2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))	
<2015>	2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))	
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2016>	가는 사용하다 가면 이상 자연 전에 가게 되었다면 가장 하면 가면 있다면 가면 가면 하는 것이다. 그런 가는 사용하다 하는 것이다. 그런 가게 하는 것이다. 그런 가게 되었다면 하는 것이다. 그런 가게 되었다면 하는 것이다.	
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification	
<2018>	ord year broadbarid oct vice certification	
<2019>		
<2020>		e 2021 contains the required information
	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support sh	hall provide the number, names, and
	addresses of community anchor institutions to which began providing	access to broadband service in the
	preceding calendar year.	
<2021>	Interim Progress Community Anchor Institutions	
<2021>	Interim Progress Community Anchor Institutions	
		Name of Attached Document(s) Listing Required Information

(3000) Ra	ste Of Réturn Carrier Additional Documentation	FCC Form 481
Data Coll	ection form	OMB Control No. 3060 0986/OMB Control No. 3060 0819
		hily 2013
<010>	Study Area Code Study Area Name	419018
<020>	Program Year	Big River Telephone Company
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	icampbell@bigrivercom.com
CHECK t	he boxes below to note compliance on its five year service quality plan (pursuant	to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47
	CFR § 54.313(f)(2). I further certify that the	information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan	
(2010)	Milestone Certification [47 CFR § 54.313(f)(1)(i)}	
		Name of Attached Document Listing Required Information
	Please check this box to confirm that the attached document(s), on line 30	112 contains the required information pursuant to
	§ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and address	
	providing access to broadband service in the preceding calendar year.	
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
		Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No) (C) C)
	If yes, does your company file the RUS annual report	(Yes/No)
Please	check these boxes to confirm that the attached document(s), on line 3017	contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for	
(5013)	Telecommunications Borrowers)	4
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cas	h Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual	1
	report and all required documentation	
		Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No) OO
	If the response is yes on line 3018, please check the boxes below to	
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
(3019)	Éither a copy of their audited financial statement; or (2) a financial report in a for	mat comparable to RUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows
(3021)		
(3021)	Management letter and audit opinion issued by the independent certified pul	bild accountant that performed the company's financial audit
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	
	contains:	
(3022)	Copy of their financial statement which has been subject to review by an	
	independent certified public accountant; or 2) a financial report in a	
	format comparable to RUS Operating Report for Telecommunications Borrowers.	
(3023)	Underlying information subjected to a review by an independent certified	
(public accountant	
(3024)	Underlying information subjected to an officer certification.	
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Case	IN Flows
(3026)	Attach the worksheet listing required information	
	1	
	a a sec	

		Joly 2013
<010>	Study Area Code	419018
<015>	Study Area Name	Big River Telephone Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcamphel18bigrivercom.com

FCC Form 481

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(3000) Rate Of Return Carrier Additional Documentation (Continued)

ion - Reporting Carrier ection Form	FCC Farm 481 OMB Control No. 3060 0986/OMB Control No. 3060-0819 July 2013
Study Area Code	419018
Study Area Name	Big River Telephone Company
Program Year	2016
Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.
Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com
֡	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Big River Telephone Company Signature of Authorized Officer: CERTIFIED ONLINE Printed name of Authorized Officer: Gerard Howe Title or position of Authorized Officer: 5736513373 ext. Study Area Code of Reporting Carrier: 419018 Filing Due Date for this form: 07/01/2015 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Certier Data Collection Form , Data Collection Form , FCC Form 481 OMB Control No. 3050-0086/OMB Control No. 3050-0086/O		
<010>	Study Area Code	419018
<015>	Study Area Name	Big River Telephone Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the re	porting carrier	
so certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.			
Name of Authorized Agent:	Control III.		
Name of Reporting Carrier:			
Signature of Authorized Officer:	Date:		
Printed name of Authorized Officer:			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI R	ecipients on Behalf of Reporting Carrier
	orized to submit the annual reports for universal service s reporting carrier; and, to the best of my knowledge, the in	upport recipients on behalf of the reporting carrier; I have provided formation reported herein is accurate.
Name of Reporting Carrier:		***************************************
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(700) Price Offerings Including Voice Rate Data Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	419018
<015>	Study Area Name	Big River Telephone Company
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Joshua K. Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733883720 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jcampbell@bigrivercom.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge
20.0

<703>

<a1> //</a1>	<a2></a2>	<a3></a3>	<b1></b1>	∢ Б2>	<b3></b3>	 <b4></b4>	<bs></bs>	SCALE STATE
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
KS			FR	20.0	0.0	0.0	0.0	20.0
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	4 5			Maria de la composición del composición de la co	PAGE 10 10 10 10 10 10 10 10 10 10 10 10 10		1.15 8/2/2015	
								11.10